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A SUBMISSION TO THE
MEDICAL SERVICES INSURANCE ENQUIRY

BY

THE ONTARIO PHARMACISTS' ASSOCIATION

221 VICTORIA STREET, TORONTO

NOVEMBER 1963

A SUBMISSION TO THE MEDICAL SERVICES INSURANCE ENQUIRY
BY
THE ONTARIO PHARMACISTS' ASSOCIATION
(Herein referred to as the O.P.A.)

1. The Ontario Pharmacists' Association is a voluntary organization formed in 1918 whose membership is composed of pharmacists legally qualified in Ontario and registered in accordance with the Pharmacy Act R.S.O. 1960, Chapter 295 and amendments thereto. In 1963 some 68% of the store owners and managers in Ontario were paid up members of the Association.
2. All members of the Association are members of the Ontario College of Pharmacy and by fees paid through that statutory body are members of the Canadian Pharmaceutical Association. The Council of the O.P.A. nominates two members to the C.Ph.A. council. The Ontario College of Pharmacy is empowered by the Pharmacy Act R.S.O. 1960 Chapter 295 to establish educational and licensing standards for the profession in Ontario and further to appoint inspectors and to discipline. The O.P.A. being a voluntary organization, differs in its function from the Ontario College of Pharmacy, and briefly the aims of this Association may be stated as follows:
 - a. - To advance the academic, scientific, professional, retail and commercial aspects of the profession of Pharmacy in Ontario as it serves the public interest.
 - b. - To conserve and promote the mutual interests of the public and the profession of Pharmacy in Ontario.
 - c. - To encourage and promote improvement in Public Health.
 - d. - To co-operate with all Pharmaceutical, Scientific, Medical, Dental and Trade Associations which have similar objects to those of the Association.

A PERMISSION TO THE MEDICAL SERVICES INSURANCE BOARD
BY
THE ONTARIO PHARMACEUTISTS' ASSOCIATION
(formerly known as the O.P.A.)

1. The Ontario Pharmacists' Association is a voluntary organization formed in 1918 whose members are composed of pharmacists legally qualified in Ontario and registered in accordance with the Pharmacy Act R.S.O. 1960, Chapter 325 and amendments thereto. In 1963 some 60% of the store owners and managers in Ontario were paid up members of the Association.
2. All members of the Association are members of the Ontario College of Pharmacy and by their title therein that statutory body are members of the Canadian Pharmaceutical Association. The Council of the O.P.A. nominates two members to the C.P.A. Council. The Ontario College of Pharmacy is empowered by the Pharmacy Act R.S.O. 1960 Chapter 325 to establish educational and licensing standards for the profession in Ontario and further to appoint inspectors and to discipline. The O.P.A. being a voluntary organization, differs in its function from the Ontario College of Pharmacy, and primarily the aims of this Association may be stated as follows:
 - a - To advance the academic, scientific, professional, retail and economical aspects of the profession of Pharmacy in Ontario as it serves the public interest.
 - b - To conserve and promote the mutual interests of the public and the profession of Pharmacy in Ontario.
 - c - To encourage and promote improvement in Public Health.
 - d - To co-operate with all Pharmaceutical, Scientific, Medical, Dental and Trade Associations which have similar objects to those of the Association.

e - To promote a liaison between all branches of Pharmacy.

The governing body of the Association is comprised of its executive officers (namely a Past-President, President, and three Vice-Presidents, and a Secretary Manager) and a council consisting of eighteen district representatives also one representative from each of six local associations and two honorary presidents.

3. In terms of describing the importance to the public of the pharmacist and expressing the work undertaken by the pharmacist the statement of F. Norman Hughes, Dean of the Faculty of Pharmacy of the University of Toronto to the Select Committee on drugs of the Legislature of Ontario is most pertinent; "Pharmacy has been defined as the application of the science of chemistry, physics, and biology to the preparation and control of medicinal substances. Basically, the pharmacist, in whatever branch he serves, is a specialist in the science of drugs. He must understand their composition, chemical properties, manufacture, and uses, and how to test them for purity and strength. In this capacity the hospital or retail pharmacist stands as a guardian of the health of his community whether he practices in a hospital or in a small or large retail pharmacy, a corner shop, a strictly prescription pharmacy, or a large shopping centre unit. In any case the heart of his establishment is the dispensary together with the drug and sickroom supplies section. Not only must he have an expert knowledge of the multitude of prescription and other drugs, but he must be able to exercise the technical and manipulative skills required in preparing, preserving, compounding, and dispensing drugs. He must exercise mature judgment in dealing with confidential matters involving the patient and the physician as well as in dealing directly with the public in the sale of drugs. In whatever type of pharmacy the modern pharmacist serves, either as owner, manager, or staff pharmacist, he remains the custodian of poisons and the specialist in the science

of drugs. While modern prescriptions do not require the exercise of the ancient art of the apothecary in compounding as frequently as formerly, they do demand much more scientific knowledge respecting the medicines prescribed. It is probably not widely known that the pharmacist is responsible for the quality and the integrity of the drugs which he dispenses. He is also responsible if an overdose is prescribed and he dispenses it, should harm ensue. His training is such then, that by law he is expected to protect equally the physician and the patient".

4. While "drugs", per se, were specifically exempted in Bill 163, an Act Respecting Medical Services Insurance, the O.P.A., felt it would be remiss in its duty to its members if it did not present certain views to this Committee. All of these views have been presented in a more lengthy manner to the Royal Commission on Health Services, the Restrictive Trade Practices Commission, and the Select Committee on Drugs of the Ontario Legislature. The Association therefore will restrict itself to a brief summary of these submissions.

5. In the matter of health insofar as the compounding and dispensing of drugs is concerned, the Ontario Pharmacists' Association supports the recommendations and statements of policy contained in the brief of the Canadian Pharmaceutical Association to the Royal Commission on Health Services. Summarized briefly the principles in respect to pharmaceutical benefits in a comprehensive health care plan are as follows -

- (a) The patient shall be free to obtain pharmaceutical services from the pharmacist of his choice.
- (b) Benefits shall include any and all drugs considered necessary by the authorized prescriber for the welfare of the patient, as well as specified therapeutic devices. The

only restrictions on prescribing shall be in terms of quantity for any single prescription and the number of times it may be repeated.

(c) Drugs and all pharmaceutical services shall be supplied directly to the public only by pharmacists through legally authorized and retail pharmacies in the province so concerned. In hospitals, the supplying of drugs and related professional services shall be limited to bona fide hospital patients.

(d) The profession of Pharmacy shall have direct representation on any body charged with the initiation and development of policies pertaining to pharmaceutical services. Pharmacists shall be directly involved in the administration of such policies.

(e) A pharmacist shall be free to conduct his practice or any part thereof outside of such health care plan if he so chooses,

(f) Such plan shall recognize existing federal and provincial legislation concerning Pharmacy and/or drugs and nothing in these plans shall contravene such legislation.

(g) Members of the profession of Pharmacy shall have the right to determine the basis of their remuneration for professional services as distinct from payment for materials involved in the rendering of pharmaceutical services. The amount and manner of such remuneration for both professional services and materials shall be a matter of negotiation from time to time to reflect changes in economic conditions.

(h) While this association does not look with favor upon the use of deterrents the fact must be faced that it has been

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necessary to introduce controls on pharmaceutical benefits in every major health care plan on which data are readily available. Rather than introduce restrictions in undesirable stages, such controls as might seem advisable should be introduced at the beginning of a health care plan so that there may be a possible reduction of restrictions at a future time.

6. Insofar as indigent care is concerned, Toronto Pharmacists have been doing the dispensing and administering the payments for all welfare prescriptions in the City of Toronto. This has been working very well. It gives the patient the same service and choice of Pharmacy without any humiliation or waiting for medication. This availability of medicine has probably saved thousands of dollars in hospital care that would have resulted if medication had not been immediately available.

7. This association believes that a Medical Health Care Plan, to be comprehensive, should include pharmaceutical benefits provided by pharmacists to every person covered by the Plan - the plan to include all those who are presently ineligible to participate in voluntary prepayment plans or who are financially unable to pay the costs involved. Subsidization of the Plan from public funds would make this possible.

8. We note that no representative of pharmacy is appointed to the committee considering the proposed medical care insurance Bill 163. It is our considered opinion that any Government Health Plan, whether it includes the supplying of medicines or not, should have a pharmacist on its advisory board, and we respectfully request that a pharmacist be appointed to the Medical Services Insurance Enquiry and also to the Board or Commission under which the Medical Care Plan is to be operated.

9. In the matter of providing pharmaceutical services the O.P.A. endorses and has given financial support to the study being conducted by Prescription Services Inc. (Green Shield) of Windsor. The O.P.A. would again refer the Committee to paragraph S 132 of the C.Ph.A. submission to the Royal Commission on Health Services, and it quotes "One program only, Prescription Services Inc. (Green Shield) of Windsor, Ontario, which deals specifically with pharmaceutical services without presuming to extend itself into the wider area of other health services, most closely approximates the logic expressed in the Association's Statement of Policy. Its basic concepts and its administrative procedures are well formulated and may well lend themselves to an expansion in both numbers of beneficiaries and scope of services".

10. The O.P.A. submits that within the framework of the Ontario Hospital Services Commission is the machinery necessary for collecting the premiums required to pay for a comprehensive medical care plan.

11. The O.P.A. also submits that its member pharmacies are prepared and able to furnish pharmaceutical services to all persons in Ontario consistent with the fees schedule as presently used by the Green Shield Prescription Plan.

12. The O.P.A. recognizes the special problem of welfare and medically indigent persons and is ready at all times to discuss this problem with the appropriate authorities.

13. Respectfully submitted by the Ontario Pharmacists' Association, 221 Victoria Street, Room 301, Toronto, Ontario
November 1963.

President - A.B. Ward Phm.B., Ottawa
First Vice-President - A. Goldblatt Phm.B., Toronto
Second Vice-President - F.A. Wilson Phm.B., Hamilton
Third Vice-President - C.E. Helmer Phm.B., St.Catharines
Secretary-Manager - Harold Smith Phm.B., Toronto

